# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

#### FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guid	e explains how to complete this form.	2 Total pages filed:
3 COMMITTEE NAME		OFFICE USE ONLY
Arlington Fi	refighters civil service	Date Received
4 COMMITTEE ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  208 S. Fielder Rd.  Arlington, Tx. 76013	Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	MS/MRS/OFD FIRST MI  Kenneth R. Fulton  NICKNAME LAST SUFFIX	Date Imaged
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE;  208 5. Fielder Rd.  Arlington, TX. 76013	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS  Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE;  208 J. Fielder Rd,  Arlington, TX. 76013	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 507-8110	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election Runoff	Exceeded \$500 limit Dissolution (Attach PAC-DR)  10th day after campaign treasurer termination
10 PERIOD COVERED	Month Day Year 03/28/2017 THROUGH	Month Day Year 04/26/2017
11 ELECTION	ELECTION DATE  Month Day Year Primary Runoff Other Description  5/06/2017 General Special	y Election
	GO TO PAGE 2	

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

### FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME Arlington	Fire fighters	civil service	13 Filer ID (Ethics Commission Filers)	
14 COMMITTEE PURPOSE		CANDIDATE/OFFICEHOLDER NAME		
(Attach lists on plain paper to complete this report if necessary.)	CANDIDATE	9		
SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeh	oolder)	
OPPOSE (Candidate or Measure)				
ASSIST	MEASURE	Month	ELECTION DATE Day Year  0 6 2017	
(Officeholder)	ins sort	Proposition#2 F.	2. (14. / 11/150	. 1
15 CONTRIBUTION				VICA
15 CONTRIBUTION TOTALS		CONTRIBUTIONS OF \$50 OR LESS (OTHER T , OR GUARANTEES OF LOANS), UNLESS ITEM		
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS	\$ 5,000.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL	EXPENDITURES OF \$100 OR LESS, UNLESS	ITEMIZED \$	
	4. TOTAL POLITICA	AL EXPENDITURES	\$ 54,645.78	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTII	CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY \$ 406.42	
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS O REPORTING PERIOD		
16 AFFIDAVIT	LOU O	I swear, or affirm, under penalty of preport is true and correct and include be reported by me under Title 15, E	des all information required to election Code.	
AFFIX NOTARY STAMPU GEA	UMBOVE .	on as the Fre 1tx	27th	
Sworn to and subscribed	1-7	The Miles	this the	
day of	, 20, to	certify which, witness my hand and seal	of office.  10 tury Publi	ic
Signature of officer administ	tering oath Printed	name of officer administering oath	Title of officer administering oath	

### **SUBTOTALS-SPAC**

### FORM SPAC COVER SHEET PG 3

17 A1	committee NAME lington Fire Fighters Civil Service 18 Filer ID (Ethics Cor	nmission Filers)
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	SCHEDULE E: LOANS	\$
8.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$54,645.78
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) Arlington Professional Fire fighter PAC 6 Contributor address; City; State; Zip Code 208 S. Fielder Arlington, TX 7603 \$5,000.00 8 Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date out-of-state PAC (ID#: Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:\_ Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Labor

Candidate/Officeholder/Politic Credit Card Payment		rvices	Printing Expension Salaries/Wages	se s/Contract Labor	Travel Out Of Dist Other (enter a cate	rict gory not listed above)
Credit Gard Payment	The In	struction Guide explair	ns how to comp	lete this form.		
1 Total pages Schedule F1	Arlington	Fire fighte	ers Liv	il Senice	3 Filer ID (Eth	ics Commission Filers)
4 Date 4/3/17 6 Amount (\$)		hy Na City; State; Z				
\$294.61		Brazo		Aust	tin, TX	78701
8	(a) Category (See Cate	gories listed at the top of this s	schedule) (b	) Description		
PURPOSE					tside of Texas. Complete	
EXPENDITURE	Consult	ting Exper	nse	LI Check if Austin,	, TX, officeholder livir	g expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Office	ceholder name	-	Office sought		Office held
Date	Payee name					
4/4/17	Murp	hy Nas	ica			
Amount (\$)	Payee address;	City; State; Z	ip Code			
\$1500.00	815-1	4 Braza	5 57	Aust	in, Tx.	78701
	Category (See Cate	gories listed at the top of this s	chedule)	Description		
PURPOSE OF					side of Texas. Complete	
EXPENDITURE	Consult	ing Expen	126	LI Check if Austin,	TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Office	eholder name		Office sought		Office held
Date	Payee name					
4/7/17	Mur	Phy L City; State; Zi	asic	a		
Amount (\$)	Payee address;	Cify; State; Zi	ip Code			
\$500.00	815-A	Brazo	5 57	· Au	stin, 7	7. 78701
	Category (See Categ	ories listed at the top of this so	chedule)	Description		
PURPOSE OF					side of Texas. Complete:	Control Management Control
EXPENDITURE	Consul	ting Expe	ense	L Check if Austin,	TX, officeholder living	j expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	eholder name		Office sought		Office held
	ATTACH ADI	ITIONAL COPIES	OF THIS SOL	JEDIII E AQ NE	EDED	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politic Credit Card Payment		Initing Expense Travel Out Of District  Alaries/Wages/Contract Labor Other (enter a category not listed above)		
Crown Gard Faymon	The Instruction Guide explains ho	1		
1 Total pages Schedule F1:	2 FILER NAME Arlington Fire Fighters 5 Payee name	3 Filer ID (Ethics Commission Filers)		
4 Date 4/7/17	7 Payee address; City; State; Zip City; State; Zip City; State; Zip City; State; Zip City; City; State; Zip	ica		
6 Amount (\$)		Code		
#1626.83	815-A Brazos	ST. Austin, TX 78701		
8	(a) Category (See Categories listed at the top of this schedule			
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Lonsulting Expens	Check if Austin, TX, afficeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought Office held		
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\$2500.00	815-A Brazos	5T. Austin, Tx. 78701		
	Category (See Categories listed at the top of this schedu			
PURPOSE OF		Check if fravel outside of Texas. Complete Schedule T.		
EXPENDITURE	Consulting Expense	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
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Date	Payee name			
4/7/17	Murphy Na Payee address; City; State; Zip Co	Sica		
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\$ 3892.61	815-A Brazos	5 ST. Austin, TX. 78701		
	Category (See Categories listed at the top of this schedu	ule) Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Consulting Expen	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Craft Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Contributions/Donations Made I	Gitt/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
and the same of th	The Instruction Guide explains	how to complete this form.	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
5	Arlington Fire Fighter 5 Payee name	5 Civil Son	Ther ib (Emics Commission Filers)
4 Date , / /	5 Pavee name	3 CIVIT DEPOTE	E
4 Date 4/7/17			
6 Amount (\$)	Murphy Nas	ica	
	I Payee address, City; State; Zip	Code	
#12,174.85	815-A Brazos	ST. Aus	tin, TX 78701
8	(a) Category (See Categories listed at the top of this sche	edule) (b) Description	
PURPOSE		Check if travel ou	utside of Texas. Complete Schedule T.
OF EXPENDITURE	1 111 500	Check if Austin	n, TX, officeholder living expense
LAFERDITORE	Consulting Expen.	26	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O		Once sought	Office held
Date	Payee name		
4/7/17	24 -1 11		
7/1/17	Murphy Nasi	ca	
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\$15,205.44	815-A Brazo.	= T Aust	TV 282-1
7,000,7	017-11 NIAZO.	5 011 11001	12/ 12/ 18/01
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	Murphy No	esica	
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		Office sought	Office field

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries/	Expense Travel Out Of District Wages/Contract Labor Other (enter a category not listed above)	
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	Arlington Fire fighters	3 Filer ID (Ethics Commission Filers	s)
4 Date 4/19/17	5 Payee name  Murphy Nasica  7 Payee address: City: State: Zip Code		
6 Amount (\$)	7 Pavee address: City: State: 7ip Code		
# 11, 525.35	815-A Brazos s	T. Austin, TX 7870	1
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Consulting Expense	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
4/24/17	Murphy Nasica		
Amount (\$)	Payee address; City; State; Zip Code		
#396.91	815-A Brazos:	ST. Austin, Tx. 78701	
	Category (See Categories listed at the top of this schedule)	Description	
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OF EXPENDITURE	Consulting Expense	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
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Amount (\$)	Payee address; City; State; Zip Code		
#4541.83	815-A Brazos.	ST. Austin, TX. 7870	01
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Consulting Expense	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Serv	s/Memorials Expense rices truction Guide explain		s/Contract Labor	Travel Out Of Distriction Other (enter a categorial	ct ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME Actington				3 Filer ID (Ethic	s Commission Filers)
4 Date 4/26/17	5 Payee name MW/	1	sica			
6 Amount (\$)	7 Payee address;	City; State; Zi	ip Code			
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8	(a) Category (See Categ	ories listed at the top of this s	chedule) (b	) Description		
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	eholder name		Office sought		Office held
Date	Payee name					
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Complete ONLY if direct expenditure to benefit C/OF	Candidate / Office	eholder name		Office sought		Office held
Date	Payee name					
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	- <del></del>			-		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Offic	eholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						